

Letters to the Editor

Injury with the kite flying thread “Manja”: Response to ““Manja” – A dangerous thread” [15(3) (2008) 189–192]

We read with much interest the article titled “Manja” – A dangerous thread, the article is interesting as these types of articles confining to kite flying injuries are less common across various parts of the world. Kite flying is common in many parts of Asia and festivals have added too much competition aspect to it. Thus, it is an accepted fact that injuries related to kite flying would be more common in the Asian continent.

The authors say that 450 people have been killed in Pakistan but there is no reference quoted for such.¹ We agree that detailed statistical data about the casualties are not available till date. We applaud the role of the authors who had highlighted another case of electrocution of an individual by metal kite line in an earlier published article.² The authors have rightly described the constituents of the “Manja” It is the powdered glass which is struck to the thread with glue thereby giving it a cutting edge. Interestingly, often the soda bottles are powdered to use it as powdered glass chips.

The killer thread “Manja” if having the white color may prove to be more dangerous as they are not easily visualized by motorists. The contact of the “Manja” with the human skin may tear the skin, superficial fascia and the blood vessels. The investing layer of deep fascia of the neck may be damaged to involve the internal structures like thyroid gland, carotid arteries and the internal jugular veins which are vulnerable to injury. Even the workers indulged in preparation of such dangerous threads are liable to be injured but unfortunately no reports are available on these types of occupational injuries. Considering the injuries sustained in the neck, it is important to remember that all important arteries in the neck carry blood at a high pressure (i.e. against gravity) and an injury to any of these arteries would result in profuse blood loss.

It is always not the thread of the kite which may cause the injury. The kites are also made with bamboo framework which may have penetrating injuries once they fall on individuals. There have been instances when such big kites with bamboo framework fell on the parked vehicles and smashed its windscreen. Often a fun loving sport may turn out to be a deadly sport.

Injury to the kite flier may be prevented by wearing metallic rings which do not allow the thread to be in contact with any part of the hand. We do agree with the authors that particular sites should be chosen for kite flying. At many instances, the kite flying may be organized near sea beaches. The breeze near the sea gives a good height to the kite and also it is free from any disaster causing incidents.

In some parts of Asia, the kite is also fitted with a chamber having hot gas or lantern which helps it to ascend. The emission of light gives it a look similar to a colorful lantern but if this falls on anyone’s house, it is sure to burn down the entire area. Unless, one encounters injuries and post mortem findings related to kite flying, one never knows the clinical importance of such.

The authors have shown a microphotograph but it would be really interesting to note the constituents of this killer ‘Manja’ under scanning electron microscope. We appreciate the efforts of the authors and the journal in particular to enrich the quest of knowledge of the readers with such important articles.

Conflict of Interest

None declared.

References

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